HOUSING FINANCE AUTHORITY OF PINELLAS COUNTY

Multi-Family Mortgage Revenue Bonds with SAIL Application

THIS APPLICATION IS SOLELY FOR THE USE OF APPLICANTS SEEKING BOND FINANCING FROM THE HOUSING FINANCE AUTHORITY OF PINELLAS COUNTY WHO ARE ALSO SEEKING SAIL FUNDING VIA FHFC RFA OR OTHER GAP FINANCING VIA AN FHFC RFA

SUBMIT:

One (1) original and one (1) PDF of the entire application and a $500 application fee to:
Housing Finance Authority of Pinellas County
c/o Kathryn Driver, Executive Director
26750 US Highway 19 N., Suite 110
Clearwater, Florida 33761
kdriver@pinellashfa.com
727-223-6418
GENERAL INFORMATION

NOTE: BY COMPLETING THIS APPLICATION, THE APPLICANT CERTIFIES AND AGREES THAT IT WILL COMPLY WITH ALL REQUIREMENTS OF THE HOUSING FINANCE AUTHORITY OF PINELLAS COUNTY APPLICATION PROCEDURES AND PROGRAM GUIDELINES FOR MULTI-FAMILY MORTGAGE REVENUE BONDS AND APPLICATION AND WILL SUBMIT ANY ADDITIONAL REQUIRED DOCUMENTATION AND FEES RELATED TO THAT COMPLIANCE.

Please indicate if Applicant will use these funds in conjunction with (check one)

☐ FHFC SAIL RFA __________
☐ OTHER FHFC RFA—IDENTIFY ________________________________

HOUSING FINANCE AUTHORITY OF PINELLAS COUNTY BOND REQUEST:

BOND AMOUNT REQUESTED: ________________________________

I. DEVELOPMENT SUMMARY AND TIMELINE

A. Provide a short narrative description of the Development, including all resident programs, amenities, unit features and scope of work to be performed. If more space is needed, provide the information as Exhibit 1. MAJOR DEVELOPMENT AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT. Also attach as Exhibit 2 a timeline for the completion of the development which includes all key dates, including anticipated timing of permits and credit underwriting, Housing Credit closing date, completion of construction, rent up, and stabilization.

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### B. SUMMARY OF PROPOSED DEVELOPMENT

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
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<tbody>
<tr>
<td><strong>Name of Development</strong></td>
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<tr>
<td><strong>Location of Development, by street address, or if no address, by mileage from nearest cross streets. Also, attach a map showing the development’s location. The Project must be located in Pinellas County.</strong></td>
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<tr>
<td><strong>Developer/Location (name of controlling company, not of LP or LLC).</strong></td>
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<td><strong>Contact person for application, including name, email, and phone numbers</strong></td>
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<td><strong>Housing Finance Authority of Pinellas County Bond Amount Requested</strong></td>
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<tr>
<td><strong>Development Construction Type</strong></td>
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<td>Garden, Mid-Rise, High-Rise, Other (explain)</td>
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<td><strong>New Construction or Rehabilitation</strong></td>
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<td>Concrete, Wood or other (explain)</td>
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<td><strong>Development Demographic</strong></td>
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<td>Family, Elderly or Other (identify)</td>
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<td><strong>Number of Units, by Bedrooms</strong></td>
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<td><strong>Number of Stories Per Building</strong></td>
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<td><strong>Total Development Cost</strong></td>
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<td><strong>Cost per unit</strong></td>
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<td><strong>Land Cost</strong></td>
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<td><strong>Acquisition of Building Cost if applicable</strong></td>
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<td><strong>Hard Rehab Cost or Construction Cost</strong></td>
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<td><strong>General Contractor</strong></td>
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<td><strong>Set Aside Period</strong></td>
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<td><strong>Set Aside Levels</strong></td>
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<td><strong>Current Zoning</strong></td>
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<tr>
<td><strong>Evidence of Site Control</strong></td>
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II. APPLICANT INFORMATION

A. Applicant Name: ____________________________________________________________

Must be a legally formed entity (i.e., limited partnership, corporation, etc.) qualified to do business in the State of Florida at the time of submission of Application.

B. If partnership, name of general partner(s): ________________________________

If corporation, name and title of executive officer: ______________________________

Address: ___________________________________________________________________

Telephone: _______________       Facsimile: __________________________

III. PROPOSED PROJECT FINANCING

A. Proposed Finance Summary: Please provide a permanent loan period detailed sources and uses that is in a format acceptable to FHFC as part of the upcoming SAIL RFA process. Attach as Exhibit 3.

IV. ABILITY TO PROCEED

Each Application shall be reviewed for feasibility and ability of the Applicant to proceed with construction of the Development.

A. Site Control

Site Control must be demonstrated by the APPLICANT, in a manner consistent with the requirements of FHFC RFA 2018-116:

___ Eligible Contract

___ Deed or Certificate of Title

___ Lease

Provide evidence of Site Control and attach as Exhibit 4.
B. Zoning and Land Development Regulations

1. a. Is the site appropriately zoned for the proposed Development:

   No ___  Yes ___

   b. Indicate zoning designation(s) ________________________________

   c. Current zoning permits ___units per acre, or ___ for the site (PUD).

   d. Total Number of Units in Development:

   Note: Provision of the zoning form from FHFC RFA will meet this requirement. Provide evidence that the proposed use is permitted and attach as Exhibit 5.

V. SELF-SCORING OF FHFC SAIL APPLICATION INCLUDING PROXIMITY TO PUBLIC TRANSPORTATION

Provide the score expected to be received on the application for SAIL, including point score and all tiebreakers, assuming the Applicant receives the points for the Local Government Contribution. Attach your response as Exhibit 6. BE SURE TO ADDRESS YOUR ANTICIPATED SCORE RELATED TO MEETING THE THRESHOLD CRITERIA IN THE FHFC RFA RELATED TO PROXIMITY TO PUBLIC TRANSPORTATION, AND PROVIDE A WRITTEN NARRATIVE THAT EXPLAIN THE ANTICIPATED SCORE IN DETAIL. PLEASE PROVIDE THE LOCATION OF THE PUBLIC TRANSPORTATION/BUS STOP, AND THE TYPE OF STOP IT IS, AND THE DISTANCE THAT YOU CALCULATE FROM THE DEVELOPMENT TO THE PUBLIC TRANSPORTATION.
VI. CERTIFICATION (Original Signatures Required)

The undersigned Applicant certifies that the information in this Application is true, correct and authentic.

THE APPLICANT FURTHER ACKNOWLEDGES HAVING READ ALL APPLICABLE AUTHORIT TY RULES GOVERNING THE PROGRAM AND ACKNOWLEDGE HAVING READ THE NOFA AND THIS APPLICATION.

THE APPLICANT UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF THE APPLICABLE FLORIDA STATUTES AND AUTHORITY PROGRAM POLICIES, RULES AND GUIDELINES, INCLUDING THOSE DETAILED IN THIS APPLICATION.

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. THE PERSON EXECUTING THIS DOCUMENT REPRESENTS THAT HE OR SHE HAS THE AUTHORITY TO BIND THE APPLICANT AND ALL INDIVIDUALS AND ENTITIES NAMED HEREIN TO THIS WARRANTY OF TRUTHFULNESS AND COMPLETENESS OF THE APPLICATION.

THE APPLICANT ACKNOWLEDGES THAT THE AUTHORITY’S INVITATION TO SUBMIT AN APPLICATION DOES NOT CONSTITUTE A COMMITMENT TO FINANCE THE PROPOSED DEVELOPMENT. APPLICANTS MUST SUCCESSFULLY COMPLETE CREDIT UNDERWRITING AND OBTAIN ALL NECESSARY APPROVALS FROM THE BOARD OF DIRECTORS, AUTHORITY COUNSEL, AND THE CREDIT UNDERWRITER.

Applicant ___________________________ Date ___________________________

Signature of Witness ___________________________

Name and Title ((typed or printed)) ___________________________ Name (typed or printed) ___________________________

NOTE: ORIGINAL APPLICATION MUST CONTAIN AN ORIGINAL SIGNATURE, OR THE APPLICATION WILL BE REJECTED AUTOMATICALLY